STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155148	A. BUILDING _____ B. WING _____	R-C 09/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH PARK NURSING CENTER	**650 FAIRWAY DR EVANSVILLE, IN 47710**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00150438 and Complaint IN00151385 completed on July 10, 2014.

This visit was done in conjunction with the Investigation of Complaint IN00155262 and Complaint IN00155865

Complaint IN00150438 - Corrected .

Complaint IN00151385 - Corrected.

Survey dates:
September 8 and 9, 2014

Facility number: 000069
Provider number: 155148
AIM number: 100288980

Survey team:
Anne Marie Crays RN TC

Census bed type:
SNF: 5
SNF/NF: 83
Total: 88

Census payor type:
Medicare: 11
Medicaid: 71
Other: 6
Total: 88

Sample: 4

North Park Nursing Center was found to be in

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155148	A. BUILDING _____ B. WING _____	R-C 09/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH PARK NURSING CENTER	**650 FAIRWAY DR EVANSVILLE, IN 47710**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	Continued From page 1 compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1, in regard to the PSR to the Investigation of Complaint IN00150438 and Complaint IN00151385. Quality review completed on September 10, 2014 by Jodi Meyer, RN	{F 000}		